



Office of Administrative Services

(To be used for purchasing card expense report if cardholder does not have the original receipt.)

Cardholder Name: _____
(please print)

Details of missing receipt:

Vendor Name (WHO/WHERE?): _____

Amount of Purchase: _____

Date of Purchase (WHEN?): _____

Description of Purchase (WHAT?): _____

Reason for Purchase (WHY?): _____

Account number to be charged: _____

By signing below, I acknowledge that the expense above was incurred on behalf of the University of the Ozarks. I attest that I made every attempt reasonably possible to locate the original receipt, to include contacting the merchant for a duplicate copy. I understand that overuse of this form may contribute to the revocation of my university purchasing card.

Cardholder Signature: _____ Date: _____

Once complete, this form needs to be placed with the cardholders' other receipts for that given month. It 'becomes' the receipt for your electronic receipt file. DO NOT send it to the Office of Administrative Services.